

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J.B.	70200	10-18-99
O.I.P.E. CLASSIFIER		8	10-18-99
FORMALITY REVIEW	J	71531	10-21-99

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date	Claim	Date	Claim	Date
Final	Original	Final	Original	Final	Original
1	10/27/00	51		110	
2	10/27/00	52		112	
3	10/27/00	53		113	
4	10/27/00	54		114	
5	10/27/00	55		115	
6	10/27/00	56		116	
7	10/27/00	57		117	
8	10/27/00	58		118	
9	10/27/00	59		119	
10	10/27/00	60		120	
11	10/27/00	61		121	
12	10/27/00	62		122	
13	10/27/00	63		123	
14	10/27/00	64		124	
15	10/27/00	65		125	
16	10/27/00	66		126	
17	10/27/00	67		127	
18	10/27/00	68		128	
19	10/27/00	69		129	
20	10/27/00	70		130	
21	10/27/00	71		131	
22	10/27/00	72		132	
23	10/27/00	73		133	
24	10/27/00	74		134	
25	10/27/00	75		135	
26	10/27/00	76		136	
27	10/27/00	77		137	
28	10/27/00	78		138	
29	10/27/00	79		139	
30	10/27/00	80		140	
31	10/27/00	81		141	
32	10/27/00	82		142	
33	10/27/00	83		143	
34	10/27/00	84		144	
35	10/27/00	85		145	
36	10/27/00	86		146	
37	10/27/00	87		147	
38	10/27/00	88		148	
39	10/27/00	89		149	
40	10/27/00	90		150	
41	10/27/00	91			
42	10/27/00	92			
43	10/27/00	93			
44	10/27/00	94			
45	10/27/00	95			
46	10/27/00	96			
47	10/27/00	97			
48	10/27/00	98			
49	10/27/00	99			
50	10/27/00	100			

BEST AVAILABLE COPY  
 If more than 150 claims or 10 actions  
 staple additional sheet here